Name in Full

Arnold

Certificate of Death

Died at Town: Bird Hill County: Carroll MARYLAND

Date 189 9 Month: Aug Day: 11 | Age Y. 16 M. D. | Native of: Md | Occupation: ———

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of ———

Father's Name: Geo Arnold | Mother's Name: Frances Bowers

Cause of Death: Primary: Cholera Infantum — How long sick: 8 days

Immediate: Collapse 82 — ~~Accident, Suicide, Homicide~~

Reported by D. N. Ensor

Address Gamber Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

David Bloom

Certificate of Death

Died at Town Beam County Carrel MARYLAND

Date 189 9 Month 8 Day 10 | Age Y. 82 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary

161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel

Address [redacted] Sq 12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Naomi Bond

Died at Town: Glen Falls County: Carroll MARYLAND

Date 189 9 | Month 8 | Day 13 | Age Y. 5 M. 25 D. | Native of Md | Occupation —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of

Wife

Father's Name In Father

Mother's Name Jennie Bond (dead)

Cause of Death: Primary

Immediate Chron Dysentery 82

How long sick 2 weeks

Accident, Suicide, Homicide /

Reported by Dr. Jas. H. Wilson

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

William Bond

Certificate of Death

Died at Town: Glen Falls County: Carroll MARYLAND

Date 189 9 Month: 8 Day: 1 | Age Y. 70 M. 1 D. 26 | Native of Md | Occupation Farmer

Male / Female ~~Female~~ | White / Colored ~~Colored~~ | Married / Single ~~Single~~ | Widow / Widower ~~Widower~~ | Divorced ~~Divorced~~ | Number of children living 3

Husband of Wife Mary Bond

Father's Name Harry Bond | Mother's Name Unknown

Cause of Death — Primary: 57 — How long sick

Immediate: Heart disease Mitral (suddenly

Accident, Suicide, Homicide ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Dr Justa Wiles.

Address [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5379 John J. Bond. Carroll

Certificate of Death

Died at Town Springfield County Carroll MARYLAND

Date 1899 Month Aug Day 8 | Age Y. 69 M. 1 D. 8 | Native of Maryland | Occupation Brush Mfr

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Annie E. Carroll

Father's Name John Carroll

Mother's Name Susan Carroll

Cause of Death: Primary Senile Dementia 46 — How long sick About 1 month

Immediate Cerebral Embolism — ~~Accident, Suicide, Homicide~~

Reported by John Norfolk Morris M.D.

Address Second Hospital Hyattsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Annie Carroll

Town: Silver Run

County: Carroll

Died at: Silver Run — MARYLAND

Date 1899: Month Aug, Day 1st | Age: Y. 76, M. 5, D. 21 | Native of: Maryland | Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — Divorced

Number of children living 4

~~Husband~~ / Wife of Hezekiah Carroll

Father's Name: George Carroll

Mother's Name: Mary Leitch

Cause of Death — Primary: How long sick

Immediate: Tuberculosis 2 2a

Accident, Suicide, Homicide

Reported by: Dr J J Stewart

Address: Union Mills

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full — Certificate of Death

Mrs Samuel Dorsey

Town — County

Died at Westminster Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 4	5	15	Age 48		Carroll Co	Housekeeper

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living Dead

~~Husband~~ Wife of Samuel Dorsey

Father's Name Don't Know — Mother's Name

Cause of Death — Primary: Consumption Intes. — How long sick: Don't know

Immediate: Dysentery — Accident, Suicide, Homicide

Reported by J.W. Wilcox

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Mrs. Lydia Ann Troyle — Certificate of Death

Died at Middletown — Town — Carroll — County — MARYLAND

Date 189 9 — Month 8 — Day 3 — Age Y. 66 M. 6 D. 20 — Native of — Occupation

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — 161 — Immediate

How long sick

Accident, Suicide, Homicide

Reported by Carrel Rund

Address [redacted] 8-12

Must be signed by physicien, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Rachael Ruth Gastrell

Town

Day

County

Carroll

Died at

MARYLAND

Month

Aug.

Day

7

Y. 71 M. 10 D. 24

Native of

Maryland

Occupation

House wife

Date 189 9

~~Male~~

Female

White

~~Colored~~

Age

Married

~~Single~~

Widow

~~Widower~~

~~Divorced~~

Number of children living four

~~Husband~~ of Wife

John B Gastrell

Father's Name

Beal Gosnell

Mother's Name

Christina Crow Gosnell

Cause of Death

Primary

Phthisis Pulmonalis

How long sick

3 weeks

Immediate

Phthesis Pulmonalis 22d

~~Accident, Suicide, Homicide~~

Reported by

Edwin D Lerrick M. D.

Address

Winfield

Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 53988

Name in Full

Certificate of Death

Mrs Clara Haines

Died at Westminster (Town) Carroll (County) MARYLAND

Date 189 9 — Aug 8 — Age Y. 56 M. D. | Native of Frederick | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living None

Husband of Wife Jennie Haines

Father's Name — Mother's Name —

22 e

Cause of Death: Primary — Tuberculosis of Bowels — How long sick One year

Immediate — Heart Failure

Accident, Suicide, Homicide

Reported by Jno. H. Billingsley

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full — Certificate of Death

Simon Harman

Died at — Town: Taneytown — County: Carroll — MARYLAND

Date 189 9 — Month: Aug — Day: 4 — Age: Y. 77. M. D. — Native of: Md — Occupation: Farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living 1

Husband / Wife of Elizabeth Hull

Father's Name — Mother's Name

Cause of Death — Primary: old age 83 — How long sick: 3 weeks

Immediate: Leiarrhea — Accident, Suicide, Homicide

Reported by Dr Birnie Jr M.D.

Address Taneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Eliza Ellen Jones — Certificate of Death

Died at Town Sykesville County Carroll MARYLAND

Date 189 9 Month Aug Day 28 | Age Y. 67 M. — D. | Native of Md | Occupation Home wife

~~Male~~ Female | White ~~Colored~~ | Married Single ~~Widowed~~ Widow Divorced | Number of children living 6

~~Husband~~ Wife of Lola Isaac Jones

~~Father's~~ Name | Mother's Name

Cause of Death: Primary 1-5-6 | How long sick Sudden —

Immediate Heart-Failure | Accident, Suicide, Homicide

Reported by Geo W Jones Son

Address Dan R. Weer Sykesville Md

Must be signed by physician, if any in attendance, otherwisa by coroner, undartakar or minister.

LIBRARY BUREAU, 79898

Seen after death

~~Attended~~ by Dr. C W Heffinger

of Sykesville

Seen by Coroner Md

of

Information contained in this certificate received

~~from~~ This deceased was very frail

of ale a heavy dinner and

died shortly after. Had been complaining but no Physician attended

Name In Full

Certificate of Death

Town: Joseph, Salt River

County: Carroll

Died at Mt. Airy MARYLAND

Date 189 9 Month 8 Day 31

Age Y. 10 M. - D. 16

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 82

Cause of Death — Primary: Pulmonary Tuberculosis & Cortitis — How long sick: 3 mos.

Immediate: Marasmus

Accident, Suicide, Homicide

Reported by Walter D. Plaid Md

Address [redacted] Mt. Airy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full

Certificate of Death

Mary Koontz

Town: Silver Run County: Carroll MARYLAND

Died at

Date 1899	Month: Aug	Day: 3	Age: Y. 3 M. 6 D.	Native of: Maryland	Occupation: Housekeeper
~~Male~~ Female	White ~~Colored~~	Married ~~Single~~	~~Widow~~ ~~Widower~~	~~Divorced~~	Number of children living 9

~~Husband~~ Wife of Henry Koontz

Father's Name: William Frock Mother's Name: Catherine Frock

Cause of Death: Primary: Ground Itch on Head Leading to How long sick: Two Weeks

Immediate: Tetanus 50 Accident, Suicide, Homicide

Reported by: Dr J J Stewart

Address: Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Town: Jones Jefferson County: Howard

Died at Silver Run Carroll MARYLAND

Date 189 Month: Aug Day: 15 | Age Y. 28 M. 6 D. 2 | Native of Maryland | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living One

Husband of ~~Wife~~ Florence Bowers 152a

Father's Name Jacob Bowers | Mother's Name Selina Bowers

Cause of Death: Primary Having Arm Mangled | How long sick One Day

Immediate Shock following Amputation | Accident, ~~Suicide, Homicide.~~

Reported by Dr J J Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Nama In Full

Certificata of Death

John R. Lambert

Died at Town Hizzelburg County Carrol MARYLAND

Date 189 9 Month 8 Day 5' | Age Y. 63 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicida, Homicida

Reported by Carrel Reed

Address [redacted] f 12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Daniel L. McSwiney

Died at Town: Westminster — County: Carroll — MARYLAND

Date 1899 Month: F. Day: 6 — Age Y.: 69 M.: — D.: — Native of: Ireland — Occupation: Stillman

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow — Divorced — Widower — Number of children living: 2

Husband of Wife: Mary F. McSwiney

Father's Name: Dennis — Mother's Maiden Name: Anne —

Cause of Death — Primary: Bowel Trouble — How long sick: two weeks

Immediate: Dysentery — 84 — Accident, Suicide, Homicide

Reported by: W. L. Bell

Address: Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Wm A Martin

Certificate of Death

Died at Town: Carrollton County: Carroll MARYLAND

Date 1899 Month: Aug Day: 29 Aga Y. 58 M. 2 D. 3 Netive of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Numbar of children living 4

Husbend ~~Wife~~ of Belinda Yingling

Father's Name Levi Martin Mother's Name Margaret Lowdenslager

Cause of Death: Primary Broken Back How long sick 4 weeks

Immediete Accidant, Suicida, Homicide

Raported by Frank E Shaum Undertaker

Address Westminster Md

Must ba signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79706

Attended by Rev J. T Herring

Westminster

Md

Name in Full

Certificate of Death

Blanch I Mengle

Died at Town East View County Carroll MARYLAND

Date 1899 Month Aug Day 31 | Age Y. 5 M. - D. 8 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name Charles Mengle

Mother's Name Emma Ward

Cause of Death: Primary Marasmus — How long sick 2 months

Immediate — Accident, Suicide, Homicide

Reported by Jirard C Sharrer Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Attended by Dr J J Cowman

Westminster

Md

Name in Full

Certificate of Death

Mary E. Duel

Died at Town Mount Union County Carroll MARYLAND

Date 189 9 Month 8 Day 6 | Age Y. 77 M. 2 D. 8 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name

Mother's Name 57

Cause of Death { Primary Heart disease | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Reed

Address [redacted] 872

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Ritter

Died at Sykesville (Town) Carroll (County) MARYLAND

Date 1899 Month Aug. Day 8

Age Y. 4 M. D. 19

Native of Carroll Co

Occupation ———

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower / Divorced

Number of children living Infant

~~Husband~~ / ~~Wife~~ of ———

Father's Name Walter Ritter

Mother's Name Maggie Ritter

Cause of Death — Primary: Enteritis 82 — How long sick: 6 days

Immediate: Failure of the Nervous System — Accident, Suicide, Homicide

Reported by Dr. Daniel B. Sprecher

Address Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Mrs. Lydia Thurin

Certificate of Death

Died at Town Stanfieldburg County Carroll MARYLAND

Date 1899 Month August Day 7 | Age Y. 75 M. 7 D. 14 | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Sulcide, Homicide

Reported by Carrie Rand

Address A 1/2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs. Elwood E. Snader

Died at New Windsor (Town) Carroll (County) MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 8	31	Age 41				

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ Widow Widower Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

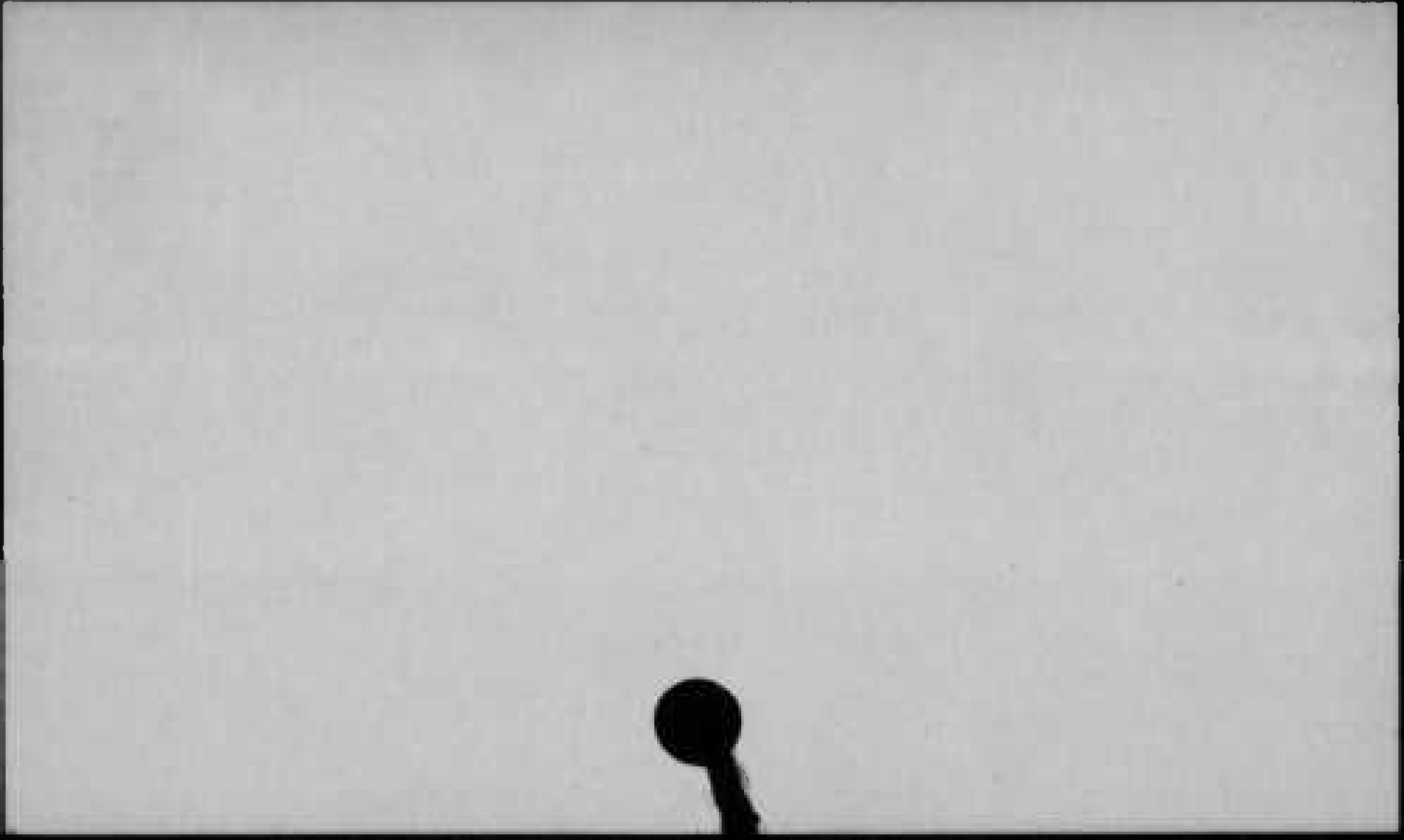
Accident, Suicide, Homicide

Reported by Carroll Record 9-2.

Address

Must be signed by physician, if any in attendance, otherwis[illegible] coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

Colonel W. B. Sullivan

Died at Town Dairy Town County Carroll MARYLAND

Date 189[redacted] Month Aug Day 23 | Age Y. 27 M. D. | Native of Md. | Occupation Housewife

[redacted] Female | White | Married | Widow | [redacted] | [redacted] None

Wife of Charles Sullivan

Father's Name Jas A. Boston Mother's Name [illegible] Hull

Cause of Death: Primary 142P

Immediate Suicide — How long sick

[redacted], Suicide, [redacted]

Reported by C. W. Weaver

Address Dairy Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full Lydia Sullivan — Certificate of Death

Died at Town Melrose County Carroll MARYLAND

Date 189 9 Month Aug. Day 4 | Age Y. 80 M. 10 D. 2 | Native of Penna. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of Uriah Sullivan dec'd

Father's Name | Mother's Name 97

Cause of Death: Primary Bright's Disease — How long sick 2 years

Immediate Uremia — ~~Accident, Suicide, Homicide~~

Reported by John S. Zigler

Address Melrose Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79795

Name in Full

Certificate of Death

Elijah Taylor

Died at Town Rhue County Carroll MARYLAND

Date 1899 Month Aug Day 22 | Age Y. 61 M. 6 D. 13 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Susan Taylor

Father's Name Kinsey Taylor | Mother's Name Lidia Blizzard

Cause of Death: Primary Paralasis — How long sick 6 months

Immediate — Accident, Suicide, Homicide

Reported by Frank E Shaum Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Rev J W Billingsley

Westminster

Md

Name in Full 1 Certificate of Death

Mary Wilson

Died at Town Melrose County Carroll MARYLAND

Date 189 9 Month Aug Day 28 Age Y. 67 M. D. Native of Md. Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living 1

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary Dysentery — How long sick weeks

Immediate " 84 Accident, Suicide, Homicide

Reported by John S Zigler

Address Melrose Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LITERARY BUREAU, 78706

Name in Full

Richard Wilson

Certificate of Death

84

Town

Died at

County

Calvert

MARYLAND

Date 1899. Month August Day 29

Age Y. 4 M. 0 D. 0

Native of Md.

Occupation

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 0

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Cleil Wilson

Mother's Name Fanny Gott

Cause of Death: Primary Rathelen 13 d

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by Carr & Perrie

Address Inc. Kendree P.O. Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Mrs. Sarah Gingling

Certificate of Death

Died at Pleasant Valley Town, Carroll County, MARYLAND

Date 189 9 | Month 8 Day 2, | Age Y. 76 M. 6 D. 10 | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 7

Husband of Wife

Father's Name Frederick L. Gingling

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by American Sentinel 8-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. A. J. Macalister

Name in Full Jacob Garrison

Certificate of Death

Died at Town Union Mills County Carroll MARYLAND

Date 1899 Month Aug Day 9 | Age Y. 70 M. 6 D. 2 | Native of Carroll Co | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced

Number of children living 5

Husband ~~Wife~~ of Barbara A Barkman

Father's Name George Garrison | Mother's Name Susan Garrison

Cause of Death: Primary Dysentery 8 4 | How long sick Some weeks

Immediate | Accident, Suicide, ~~Homicide~~

Reported by Dr J J Stuart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706